

Acceptable POC *KV 8/9/10*

PRINTED: 06/21/2010  
FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4352HIC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/17/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN RETREAT CARE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3730 LEISURE LANE LAS VEGAS, NV 89103</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 000	Initial Comments  This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 6/17/10. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The census at the time of the survey was two. Two resident files were reviewed and two employee files were reviewed.  The following regulatory deficiencies were identified:	H 000			
H 019	Director Duties-No FA/CPR  NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present.  This Regulation is not met as evidenced by: Based on record review and staff interview on 6/17/10, the director did not ensure that 1 of 2 caregivers had received training in first aid (Employee #2).	H 019 <i>OK 8/9/10</i>	H019 a) Director immediately schedule Employee # 2 in a CPR class and took the class & Medic One last 6/30/12 b) Director will regularly monitor all requirements in order to be updated and compliant & PotCQC c) 6/30/12 (see attached document)		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* / OWNER / DIRECTOR TITLE  
STATE FORM 0000 SF9111 (X6) DATE 7/19/10  
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H 065	<p><b>Employee Background Check Requirements</b></p> <p>NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency, facility or home.</p> <p>1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care shall:</p> <p>(a) Obtain a written statement from the employee or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.188.</p> <p>(b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);</p> <p>(c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>(d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (c).</p> <p>2. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his or her</p>	H 065	<p>H-065</p> <p>a. Director scanned the required documents (Background check) for Employee # 2</p> <p>b) all employee files will be reviewed q6 monthly. A personnel files checklist will be utilized and Director will monitor all requirements in order to be updated and compliant = PTHCQC.</p> <p>c) 7/19/10</p> <p>(pls see attached documents)</p>		

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BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE  
LAS VEGAS, NEVADA

Bureau of Health Care Quality and Compliance

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H 065	<p>Continued From page 2</p> <p>criminal history has been conducted by the Central Repository for Nevada Records of Criminal History within the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall:</p> <p>(a) If the agency, facility or home does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;</p> <p>(b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>(c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History.</p> <p>4. Upon receiving fingerprints submitted pursuant to this section, the Central Repository for Nevada Records of Criminal History shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 and immediately inform the Health Division and the administrator of, or the person licensed to operate, the agency, facility or home</p>	H 065			

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BUREAU OF LICENSURE AND CERTIFICATION  
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Bureau of Health Care Quality and Compliance

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H 065	<p>Continued From page 3</p> <p>at which the person works whether the employee or independent contractor has been convicted of such a crime.</p> <p>5. The Central Repository for Nevada Records of Criminal History may impose a fee upon an agency, a facility or a home that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency, facility or home may recover from the employee or independent contractor not more than one-half of the fee imposed by the Central Repository. If the agency, facility or home requires the employee or independent contractor to pay for any part of the fee imposed by the Central Repository, it shall allow the employee or independent contractor to pay the amount through periodic payments.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/17/10, the facility failed to ensure 1 of 2 employees complied with background check requirements per NRS 449.176 (Employee #2 - missing fingerprints, FBI and State background check reports).</p>	H 065			

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